FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	'	RGANIZA	_	N							
		(See instruction	ıs)					Office u	se only		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Exan	nple: If typying the lines	g, type	12FE	4M5				
Pharmaceutic Committee	cal Research & Ma	nufacturers of A	merica	Better Go	vernment	t	ш				ш
					шш		ш				ш
ADDRESS (number and	d street)	Street, NW			ш			11			ш
(Check if add	Suite	300				1 1		11	111		لـــــا
is changed)		hington	шш		ш	DC	l		20004	-L_	لب
			CITY			STATE	•		ZIP CO	DE 📥	
COMMITTEE'S E-MA	AIL ADDRESS @worldnet.att.net										
patricetayion	Worldhet.att.net				шш		ш				ш
			ــــــــــــــــــــــــــــــــــــــ				ш	ш			$oldsymbol{\sqcup}$
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)									
											لــــــــــــــــــــــــــــــــــــــ
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COMMITTEE'S FAX 202-835-3473	NUMBER	Ь									
2. DATE 0 .	M / D D / Y	2006									
3. FEC IDENTIFIC	ATION NUMBER	(C C00	021972	• •						
4. IS THIS STATE	MENT X NEW	/ (N) OR		AMEND	ED (A)						
I certify that I have exam	nined this Statement and	to the best of my know	vledge an	d belief it is true	e, correct and	d complet	te				
Type or Print Name o	f Treasurer	Anne Holmes									
Signature of Treasure	er Electronically File	d by Anne Holm	1es			Date	0 3	/ D	28	Y Y 2	0 0 6
NOTE: Submission of f	alse, erroneous, or incon	nplete information may							U.S.C. S ²		
Office Use Only				For further in Federal Election Toll Free 800- Local 202-694	on Commiss 424-9530				EC FO		

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5.	TYPE OF COMMITTEE (C	Check One)				
	(b) This comm	andidate information below.)	e the candidate			
information below.)						
	Name of Candidate					
	Candidate Party Affiliation	Office Sought:	House	Senate President	State District	
	(c) This commi	nittee supports/opposes on	ly one candidate, and is NOT ar	authorized committee.		
	Name of Candidate					
	(d) This commi	nittee is a	(National, State (or subordinate) commit	tee of the	(Democratic, Republican,etc.) Party.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.						
6.	Name of Any Connected	I Organization or Affiliate	ed Committee			
L						
	Mailing Address					
			CITY	STATE A	ZIP CODE	
Relationship						
Type of Connected Organization:						
	Corporation		Corporation w/o Capital Stock	Labor Orga	anization	
	Membership Orga	anization	Trade Association	Cooperativ	е	

Mailing Address

Write or Type Cor	nmittee Name							
Pharmaceu	ıtical Researc	h & Manufacturers of America B	etter Government Commi	tee				
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name								
Mailing Addres	es							
Title or Position	n ∀	CITY A	STATE	ZIP CODE A				
			Telephone number _					
Treasurer: List the name a name and address of any of Full Name of Treasurer Anne Ho		lesignated agent (e.g., assistant tre	easurer).					
Mailing Addres	ss	950 F Street, NW						
		Suite 300						
		Washington	DC					
Title or Position	n ♥	CITY A	STATE	ZIP CODE A				
	Sr. Manage	r, Federal	Telephone number	202 835 3400				
Full Name of Designated Agent								

Title or Position ♥	CITY A		
The of Footion •	J	O'A'LA	2.11 00DL A
	Tele	ephone number	

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 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. 							
	Name of Bank, Depository, etc	•					
	Citiba	nk 					
	Mailing Address	P.O. Box 19748					
		Washington DC 20036	6 _ 0748				

STATE ∠

ZIP CODE △

CITY 🗷